

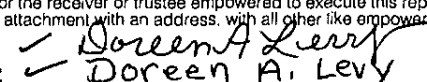


FILED
Mar 01, 2007 08:00 A
Secretary of State

| | | | | | |
|--|--|---|--|---|--|
| DOCUMENT # P99000061590 | |  | | Secretary of State | |
| 1. Entity Name RICH LIMOUSINES, INC. | | | | | |
| Principal Place of Business 1498 GULF TO BAY BLVD. CLEARWATER, FL 33755 | | Mailing Address 1498 GULF TO BAY BLVD. CLEARWATER, FL 33755 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01172007 Chg-P CR2E034 (12/06) | |
| City & State | | City & State | | 4. FEI Number 59-3592251 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LEVY, RICHARD 343 S. HIGHLAND AVE. CLEARWATER, FL 33755 | | | 7. Name and Address of New Registered Agent | | |
| | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| D LEVY, RICHARD 343 S. HIGHLAND AVE. CLEARWATER, FL 33755 | | | Change Addition | | |
| D LEVY, DOREEN 343 S. HIGHLAND AVE. CLEARWATER, FL 33755 | | | 00000005166 Change Addition 03/09/07-80016-014 150.00 | | |
| Delete | | | Change Addition | | |
| Delete | | | Change Addition | | |
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| Delete | | | Change Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  Doreen A. Levy 01-31-07 727-409-4091 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |